

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/530363</b>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		12					53					
4		21					54					
5		12					55					
6		21					56					
7		10					57					
8		51					58					
9		10					59					
10		21					60					
11		10					61					
12		51					62					
13		10					63					
14		21					64					
15		10					65					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	14	↓	↓	↓	↓		TOTAL DEP.	↓	↓	↓	↓	
TOTAL CLAIMS	15						TOTAL CLAIMS					